

Commonwealth of Virginia

ABSENTEE BALLOT APPLICATION

[Submit One Application for Each Person and for Each Election]

- ☐ I am a registered voter in the County/City of _____
 I am applying to vote by absentee ballot in the following election ...
☐ General or Special or ☐ Democratic Primary or ☐ Republican Primary
 to be held on _____, 20_____

OFFICE USE ONLY

Appl. No. _____

PCT _____ DIST _____

Date Received _____

☐ In Person ☐ By Mail ☐ By Fax ☐ OtherApplication Accepted ☐ Yes ☐ No

Reason Denied _____

Reviewed By _____

BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED.

MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.

PART A *I expect to be absent on election day or I cannot go to the polls because: (Check one box only in Part A. Provide required information.)***STUDENT**

- 1A ☐ I am a student attending ... **OR** 1B ☐ I am the spouse of a student attending ...

Name & Address of School [Required for 1A & 1B]

CARE GIVER

- 2B
- ☐
- I am the primary care giver for a family member whose name is _____

[Required]
and whose illness or disability is _____

[Required]

BUSINESS

- 1C
- ☐
- I will be absent on business

Name of Employer or Business [Required]

CONFINEMENT

- 3A ☐ I am confined, awaiting trial, **OR**
 3B ☐ I am confined, having been convicted of a misdemeanor, in ...

Place of Confinement & Address [Required for 3A & 3B]

PERSONAL BUSINESS OR VACATION

- 1D
- ☐
- I will be traveling on personal business or vacation

Place of Travel [Required]

ELECTION OFFICIAL

- 4A
- ☐
- I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment

WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM

- 1E
- ☐
- I will be working and commuting on election day

From _____ AM to _____ PM [Required]

Name of Employer or Business [Required]

Address of Employer or Business [Required]

RELIGION

- 5A
- ☐
- I have a religious obligation

Religion & Nature of Obligation [Required]

U.S. UNIFORMED SERVICES

- 6A ☐ I am on active duty in the Merchant Marine or Armed Forces, **OR**
 6B ☐ I am the spouse or a dependent residing with the above (6A)

Branch of Service, Rank, Grade or Rate, Service ID No. [Required for 6A & 6B]

DISABILITY OR ILLNESS

- 2A
- ☐
- I have a physical disability or illness

Nature of Physical Disability or Illness [Required]

EMPLOYMENT OUTSIDE U.S.

- 6D ☐ I am employed outside the continental limits of the U.S., **OR**
 6D ☐ I am the spouse or a dependent residing with the above (6D)

Name & Address of Employer [Required for 6D]

PART B I am voting by mail. Send the ballot to me at this address ...

ZIP _____

Ballot can be mailed only to:

- Address where you are registered, or
 - Address while absent from county/city
- [The ballot cannot be sent "in care of"]

PART C Assistance: I will need help in marking my ballot ...

(because of a physical disability, blindness, or an inability to read or write.)

☐ Yes ☐ No

[If Yes, a required form is sent with the ballot]

PART D Absentee Voter's Statement**REQUIRED**

I declare, under penalty of law, that ...

- The facts contained in this application are true and correct to the best of my knowledge
- I have not and will not vote in this election at any other place in Virginia or other state

Full Name of Absentee Voter * [Print]

Legal Virginia Residence Address * [Print]

City/Town [Print]

Zip

Social Security Number (SSN)

Area Code

Daytime Phone

Signature of Applicant

Date

- * ☐ Check here - If this is a change of NAME or ADDRESS.
 Then, complete PART F on the reverse side of this form.

PART E Assistant's StatementONLY REQUIRED
IF VOTER UNABLE TO SIGN

I declare, under penalty of law, that ...

- I have written on applicant's signature line: "Applicant Unable to Sign"
- I have signed and provided requested information below

Full Name of Assistant [Print]

Address of Assistant [Print]

City/Town [Print]

Zip

Signature of Assistant (18 or older)

The SSN is part of your voter record and is requested to assure that no other person is permitted to vote in your name. The General Registrar deletes your SSN and telephone numbers on the copy of this document made available for public inspection. Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote. SBE-701 REV 7/01

INSTRUCTIONS: APPLICATION FOR ABSENTEE BALLOT

§§24.2-700 and 24.2-701, Code of Virginia

Complete all required information in Parts A - E, and Part F, if applicable. *Otherwise, your application cannot be processed.*

Top of Form

- Complete the information at the top. You must ...
 - be a registered voter in the locality where you are applying
 - identify the election in which you are applying

Part A

- Check only one reason for applying to vote.
- Enter the required information to support the reason.
[This information is required by state law.]

Part B

- Print the address where your absentee ballot is to be sent, if voting by mail. [Note the restrictions in the right-hand box.]

Part C

- Indicate if assistance, from another person, will be needed to vote the ballot. If *Yes* is checked, an ASSISTANCE form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

Part D

- **Absentee Voter:** Read the Statement in Part D. Then, print your full name, current LEGAL resident address, social security and telephone number. **SIGN YOUR NAME.**

NOTE: No witness is required to be present when you sign.
A signature, based on use of a power of attorney, cannot be accepted. [Also see Part E below.]

Part E

- **Assistant:** IF THE ABSENTEE VOTER IS UNABLE TO SIGN his/her name and complete the information in Part D, write on the voter's signature line: "Applicant Unable to Sign." Then, print the voter's full name, resident address, social security and telephone number. Sign Part E.

Part F

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Print any new information in Part F and sign your name. [The change will not be effective during the 28 days before a general or primary election.]

ABSENTEE BALLOT APPLICATION

PLACE YOUR APPLICATION IN
AN ENVELOPE AND MAIL TO:

The Fairfax County General Registrar
12000 Government Center Parkway
Suite 323
Fairfax, VA 22035-0081

OR FAX YOUR APPLICATION TO:
703-324-2205

Apply early! Allow enough time for
your application to be processed and
your ballot to be mailed to you. Your
voted ballot must be returned to the
Electoral Board in time to be counted
on Election Day.

ATTENTION VOTERS: please include
your e-mail address, if you have one,
especially if you are overseas. We are
unable to make international telephone
calls.

ENTER YOUR E-MAIL ADDRESS BELOW

FOR THE LATEST
ELECTION INFORMATION:

Visit the Fairfax County website:

www.co.fairfax.va.us/eb

Contact us by e-mail:

voting@co.fairfax.va.us

Contact us by phone:

703-222-0776

or visit the state website:

www.sbe.state.va.us

PART F

CHANGE OF NAME OR ADDRESS

Full Name

IF NAME CHANGED, Former Full Name

NEW Virginia Residence Address [If different from address listed in Part D]

Apartment, Suite or Lot No.

DATE MOVED FROM OLD ADDRESS

City or Town

State

Zip

New Mailing Address [If different from the second line above]

OLD Virginia Residence Address

City or Town

State

Zip

Signature

Social Security Number

Absentee Voting Deadlines

► ABSENTEE VOTING BY MAIL . . .

Application must be received in the Registrar's
Office by the close of business on the
Thursday before election day

Ballots will be mailed upon receipt of this application

► ABSENTEE VOTING IN PERSON . . .

Absentee Voting Begins:

- 45 days (approx.) before a November election
- 30 days (approx.) before other elections

Absentee Voting Ends:

- 5:00 p.m. on the Saturday before election day